Open Access Value 2500A/70%

COLORADO

BENEFIT	IN NETWORK	OUT OF NETWORK
This plan is intended to comply with the federal Patient Protection and Affordable Care Act. Provisions are subject to change as additional regulatory guidance becomes available.		
Annual Individual Deductible	$2,500	$7,500
Annual Family Deductible	$7,500	$22,500
All benefits listed below are subject to the deductible unless otherwise noted		
Coinsurance*	You pay 30%	You pay 50%
Individual Out of Pocket Maximum	$5,000	$15,000
Family Out of Pocket Maximum	$10,000	$20,000
Individual/Family Copays, Deductibles, Access Fees, and pharmacy charges do not apply to the out of pocket maximum		
Lifetime Maximum	Unlimited	
PHYSICIAN SERVICES		
Office Visit Primary Care Physician Specialist Physician	You pay 30%	You pay 50%
Surgery (in any setting)	You pay 30%	You pay 50%
PREVENTIVE CARE		
Preventive Care for All Ages Routine physicals and other routine preventive services	You pay 0%[1]	You pay 0%[1]
INPATIENT SERVICES		
Facility Services *(Inpatient Room and Board, Pharmacy, Lab & X-ray, Operating Room, etc.)*	Additional $500 deductible per admission, then You pay 30%	Additional $1,000 deductible per admission, then You pay 50%
Physician Services	You pay 30%	You pay 50%
OUTPATIENT SERVICES		
Lab, X-ray and Ultrasound	You pay 30%	You pay 50%
CT/PET Scans and MRI	You pay 30%	You pay 50%
Cardiac & Pulmonary Rehabilitation	You pay 30%	You pay 50%
Short Term Rehabilitative Therapy (Including Physical; Occupational and Speech Therapy) Calendar year maximum of 12 visits, combined in- and out- of network	You pay 30%	You pay 50%
Outpatient Surgery	You pay 30%	You pay 50%
EMERGENCY & URGENT CARE SERVICES		
Hospital Emergency Room *$200 Access Fee, waived if admitted*	You pay 30%	You pay the same level as In-Network if it is an emergency as defined in your plan, otherwise You pay 50%
Outpatient Professional Services *(Including Radiology, Pathology and ER Physician)*	You pay 30%	
Urgent Care Services	You pay 30%	
Ambulance *Emergency transport only*	You pay 30%	

Open Access Value 2500A/70%

COLORADO

OTHER HEALTH CARE FACILITIES		
Skilled Nursing Facility, Rehabilitation Hospital and Sub-acute Facilities *Calendar year maximum of 30 days combined services, in- and out-of-network combined*	You pay 30%	You pay 50%
Home Health *Calendar year maximum of 60 visits, in- and out-of-network combined*	You pay 30%	You pay 50%
Hospice		
Routine Home Care	You pay 30%	You pay 50%
Bereavement Services	You pay 30%	You pay 50%
All other Hospice Services	You pay 30%	You pay 50%
DURABLE MEDICAL EQUIPMENT (DME)		
Durable Medical Equipment	You pay 30%	You pay 50%
PRESCRIPTION DRUGS		
Brand Name Prescription Drug Deductible *Per person, per year, in- and out-of-network combined, including in-network Mail Order*	$3,500 per member per year	
RETAIL PHARMACY		
Generic	You pay $15 per 30-day supply	You pay 50%
Brand Name	You pay $40 per 30-day supply	You pay 50%
Non-Preferred Brand Name	You pay $65 per 30-day supply	You pay 50%
Self-Administered Injectable Drugs	You pay 30%	You pay 50%
HOME DELIVERY PHARMACY		
Generic	You pay $40 per 90-day supply	Not Available
Brand Name	You pay $100 per 90-day supply	Not Available
Non-Preferred Brand Name	You pay $165 per 90-day supply	Not Available
Self-Administered Injectable Drugs	You pay 30%	Not Available

* Amount you pay for covered medical services. Out-of-network, you may pay more if the provider's charges exceed the amount Cigna reimburses for billed services.

[1]Deductible waived

Open Access Value 2500A/70%

COLORADO

EXCLUSIONS:

Your plan does not provide coverage for the following except as required by law:

- Conditions which are **pre-existing** as defined in the Definitions section.
- Any **amounts in excess of maximum amounts of Covered Expenses** stated in this Policy.
- Services **not specifically listed** as Covered Services in this Policy.
- Services or supplies that are **not Medically Necessary**.
- Services or supplies that Cigna considers to be for **Experimental Procedures or Investigative Procedures**.
- Services received **before the Effective Date** of coverage.
- Services received **after coverage under this Policy ends**.
- Services for which You have **no legal obligation to pay** or for which no charge would be made if You did not have health plan or insurance coverage.
- Any condition for which benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, under any **workers' compensation**, employer's liability law or occupational disease law, even if the Insured Person does not claim those benefits.
- Conditions caused by: (a) an **act of war (declared or un-declared),** except when required by state law**;** (b) the inadvertent release of nuclear energy when government funds are available for treatment of Illness or Injury arising from such release of nuclear energy; (c) an Insured Person **participating in the military service of any foreign country**; (d) an Insured Person **participating in an insurrection, rebellion, or riot;** e) services received as a direct result of an Insured Person's commission of, or attempt to commit a **felony** (whether or not charged) **or as a direct result of the Insured Person being engaged in an illegal occupation;** (f) an Insured Person **being intoxicated**, as defined by applicable state law in the state where the illness occurred or under the influence of illegal narcotics or non-prescribed controlled substances unless administered or prescribed by Physician.
- Any **services provided by a local, state or federal government agency,** except (a) when payment under this Policy is expressly required by federal or state law.
- If the Insured Person is eligible for **Medicare** part A, B or D, Cigna will provide claim payment according to this Policy minus any amount paid by Medicare, not to exceed the amount Cigna would have paid if it were the sole insurance carrier.
- Any **services for which payment may be obtained from any local, state or federal government agency** (except Medicaid). Veterans Administration Hospitals and Military Treatment Facilities will be considered for payment according to current legislation.
- **Court-ordered treatment or hospitalization,** unless such treatment is prescribed by a Physician and listed as covered in this plan.
- Professional **services or supplies received or purchased directly or on Your behalf by anyone, including a Physician, from** any of the following:
    - Yourself or Your employer;
    - a person who lives in the Insured Person's home, or that person's employer;
    - a person who is related to the Insured Person by blood, marriage or adoption, or that person's employer.
- **Custodial Care.**
- Inpatient or outpatient **services of a private duty nurse**.
- Inpatient room and board **charges in connection with a Hospital stay primarily for environmental change or physical therapy**; **Custodial Care or rest cures**; services provided by a rest home, a home for the aged, a nursing home or any similar facility service.
- **Assistance in activities of daily living,** including but not limited to: bathing, eating, dressing, or other Custodial Care, self-care activities or homemaker services, and services primarily for rest, domiciliary or convalescent care.
- Inpatient room and board **charges in connection with a Hospital stay primarily for diagnostic tests** which could have been performed safely on an outpatient basis.

Open Access Value 2500A/70%

COLORADO

- Treatment of **Mental, Emotional or Functional Nervous Disorders** or psychological testing except as specifically provided in this Policy. However, medical conditions that are caused by behavior of the Insured Person and that may be associated with these mental conditions are not subject to these limitations.
- **Smoking cessation** programs.
- Treatment of **substance abuse,** except as specifically provided in this Policy.
- **Dental services**, dentures, bridges, crowns, caps or other Dental Prostheses, extraction of teeth or treatment to the teeth or gums, except as specifically provided in this Policy.
- **Orthodontic Services**, braces and other orthodontic appliances including orthodontic services for Temporomandibular Joint Dysfunction.
- **Dental Implants**: Dental materials implanted into or on bone or soft tissue or any associated procedure as part of the implantation or removal of dental implants.
- **Hearing aids,** except as specifically stated in this Policy.
- **Routine hearing tests** except as specifically provided in this Policy under “Comprehensive Benefits, What the Plan Pays For”.
- **Genetic screening or pre-implantations genetic screening:** general population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease.
- **Optometric services**, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions, except as specifically stated in this Policy.
- An **eye surgery** solely for the purpose of correcting refractive defects of the eye, such as near-sightedness (myopia), astigmatism and/or farsightedness (presbyopia).
- Any **Drugs**, medications, or other substances dispensed or administered in any outpatient setting except as specifically stated in this Policy. This includes, but is not limited to, items dispensed by a Physician.
- **Cosmetic surgery** or other services for beautification, to improve or alter appearance or self esteem or to treat psychological or psychosocial complaints regarding one's appearance including macromastia or gynecomastia surgeries; surgical treatment of varicose veins; abdominoplasty/panniculectomy; rhinoplasty; and blepharoplasty,. This exclusion does not apply to Reconstructive Surgery to restore a bodily function or to correct a deformity caused by Injury or congenital defect of a Newborn child, or for Medically Necessary Reconstructive Surgery performed to restore symmetry incident to a mastectomy.
- **Aids or devices that assist with nonverbal communication**, including but not limited to communication boards, prerecorded speech devices, laptop computers, desktop computers, Personal Digital Assistants (PDAs), Braille typewriters, visual alert systems for the deaf and memory books.
- **Non-medical counseling or ancillary services**, including but not limited to: education, training, vocational rehabilitation, behavioral training, biofeedback, neurofeedback, hypnosis, sleep therapy, employment counseling, back school, return to work services, work hardening programs, driving safety, and services, training, educational therapy or other non-medical ancillary services for learning disabilities and developmental delays.
- **Services for redundant skin surgery**, removal of skin tags, acupressure, acupuncture, carinosacral/cranial therapy, dance therapy, movement therapy, applied kinesiology, rolfing, prolotherapy and extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions, regardless of clinical indications.
- Procedures or treatments to change characteristics of the body to those of the opposite sex. This includes any medical, surgical or psychiatric treatment or study related to **sex change**.
- Treatment of **sexual dysfunction** impotence and/or inadequacy except if this is a result of an Accidental Injury, organic cause, trauma, infection, or congenital disease or anomalies.
- All services related to the evaluation or treatment of **fertility and/or Infertility**, including, but not limited to, all tests, consultations, examinations, medications, invasive, medical, laboratory or surgical procedures including sterilization reversals and In vitro fertilization, except as specifically stated in this Plan.
- All **non-prescription** Drugs, devices and/or supplies that are available over the counter or without a prescription.
- **Cryopreservation** of sperm or eggs.

Open Access Value 2500A/70%

COLORADO

- **Fees associated with the collection or donation of blood or blood products,** except for autologous donation in anticipation of scheduled services where in the utilization review Physician's opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.
- **Blood administration for the purpose of general improvement in physical condition.**
- **Orthopedic shoes** (except when joined to braces) or shoe inserts, including orthotics.
- Services primarily for **weight reduction** or treatment of obesity including morbid obesity, or any care which involves weight reduction as a main method for treatment. This includes any morbid obesity surgery, even if the Insured Person has other health conditions that might be helped by a reduction of obesity or weight, or any program, product or medical treatment for weight reduction or any expenses of any kind to treat obesity, weight control or weight reduction.
- **Routine physical exams** or tests that do not directly treat an actual Illness, Injury or condition, including those required by employment or government authority, including physical exams required for or by an employer, or for school, or sports physicals, except as otherwise specifically stated in this Plan.
- Charges by a provider for **telephone or email consultations,** except as specifically stated in this Policy.
- Items which are furnished primarily for **personal comfort** or convenience (air purifiers, air conditioners, humidifiers, exercise equipment, treadmills, spas, elevators and supplies for hygiene or beautification, including wigs etc.).
- **Educational services** except for Diabetes Self-Management Training Program, and as specifically provided or arranged by Cigna.
- **Nutritional counseling or food supplements**, except as stated in this Policy.
- **Durable medical equipment** not specifically listed as Covered Services in the Covered Services section of this Policy. Excluded durable medical equipment includes, but is not limited to: orthopedic shoes or shoe inserts; air purifiers, air conditioners, humidifiers; exercise equipment, treadmills; spas; elevators; supplies for comfort, hygiene or beautification; disposable sheaths and supplies; correction appliances or support appliances and supplies such as stockings.
- **Physical, and/or Occupational Therapy/Medicine** except when provided during an inpatient Hospital confinement or as specifically stated in the Benefit Schedule and under Physical and/or Occupational Therapy/Medicine in the section of this Policy titled "Comprehensive Benefits What the Policy Pays For".
- **Massage therapy.**
- **Self-administered Injectable Drugs**, except as stated in the Benefit Schedule and in the Prescription Drug Benefits section of this Policy.
- **Injectable drugs** ("self-injectable medications") **that do not require Physician supervision** are covered under the Prescription Drug benefits of this Policy.
- **All non-injectable prescription drugs, injectable prescription drugs that do not require Physician supervision** and are typically considered self-injectable drugs, nonprescription drugs, and investigational and experimental drugs, except as provided in the Prescription Drug benefits of this Policy.
- **Any Infusion or Injectable Specialty Prescription Drugs that require Physician supervision,** except as otherwise stated in this Policy, if not provided by an approved Participating Provider specifically designated to supply that specialty prescription. Infusion and Injectable Specialty drugs include, but are not limited to, hemophilia factor and supplies, enzyme replacements and intraveneous immunoglobulin.
- **Syringes**, except as stated in the Policy.
- **All Foreign Country Provider** charges are excluded under this Policy except as specifically stated under "Treatment received from Foreign Country Providers" in the section of this Policy titled "Comprehensive Benefits "What the Policy Pays For".
- **Growth Hormone Treatment** except when such treatment is medically proven to be effective for the treatment of documented growth retardation due to deficiency of growth hormones, growth retardation secondary to chronic renal failure before or during dialysis, or for patients with AIDS wasting syndrome. Services must also be clinically proven to be effective for such use and such treatment must be likely to result in a significant improvement of the Insured Person's condition.
- Routine **foot care** including the cutting or removal of corns or calluses; the trimming of nails, routine hygienic care and any service rendered in the absence of localized Illness, Injury or symptoms involving the feet.

Open Access Value 2500A/70%

COLORADO

- **Charges for which We are unable to determine Our liability** because the Insured Person failed, within 60 days, or as soon as reasonably possible to: (a) authorize Us to receive all the medical records and information We requested; or (b) provide Us with information We requested regarding the circumstances of the claim or other insurance coverage.
- Charges for the services of a **standby Physician.**
- Charges for **animal to human organ transplants.**
- **Charges for elective abortions**
- **Claims received by Cigna after 15 months** from the date service was rendered, except in the event of a legal incapacity.

These Are Only the Highlights
This summary contains highlights only and is subject to change. The specific terms of coverage, exclusions and limitations including legislated benefits are contained in the Summary Plan Description or Insurance Certificate. This plan is insured and/or administered by Connecticut General Life Insurance Company, a Cigna Company.

Medical rates will vary by plan design including the amount of plan deductibles, coinsurance, and out-of-pocket maximums. Rates may vary based on age, geographic location and the plan deductible selected.

Medical rates are guaranteed for a rating period of twelve months effective when the insurance policy is issued with the exception of any policy amendment activities, such as any benefit changes, switching to a different plan, adding or dropping dependents and moving to a different rating area. Eligibility for medical rates is based upon residential zip code. After the initial guarantee, rates are subject to change upon 30 days notice.

Enrollment in a Cigna Open Access, Open Access Value or Health Savings Plan is subject to medical underwriting guidelines established by the health insurer, and your rate may vary based upon the plan design selected, your age, geographic location, tobacco usage and the results of the medical underwriting risk assessment process. You may be declined coverage because of a health condition (this does not apply to Child-only policies). If you are issued a policy, and are 19 years of age or older, certain medical conditions may not be covered for a specified length of time if those conditions are related to a medical condition that existed prior to the date of coverage.

This major medical insurance policy (COIND0412) has exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued.. For costs and complete details of coverage, contact Connecticut General Life insurance Company at 900 Cottage Grove Road, Hartford, CT 06152 or call 1-866-GET-CIGNA.

Colorado law requires carriers to make available a Colorado Health Benefit Plan Description Form, which is intended to facilitate comparison of health plans. The form must be provided automatically within three (3) business days to a potential policyholder who has expressed interest in a particular plan or who has selected the plan as a finalist from which the ultimate selection will be made. The carrier also must provide the form, upon oral or written request, within three (3) business days, to any person who is interested in coverage under or who is covered by a health benefit plan of the carrier.

ACCESS PLAN: If you would like more information on: (1) who participates in our provider network; (2) how we ensure that the network meets the health care needs of our members; (3) how our provider referral process works; (4) how care is continued if providers leave our network; (5) what steps we take to ensure medical quality and customer satisfaction; (6) where you can go for information on other policy services and features. You may request a copy of our Access Plan. The Access Plan is designed to disclose all the policy information required under Colorado law, and is available for your review upon request.